GLOSSARY OF TERMS

Access: The existence of an opportunity to approach, inspect, review, make use of data or information, whether or not the individual is an authorized user.

Audit trail: Documentary evidence of monitoring each operation an individual performs on health information.

Authorization: Custom document that gives entities permission to use identified protected health information for a specific purpose other than for treatment, payment, or health care operations.

Business Associate: A person who, on behalf of a covered entity, performs or assists in performance of a function or activity involving use or disclosure of protected health information.

Business Associate Contract: Required for situations where protected health information is disclosed to, or is created, or received by a business associate on behalf of a covered entity.

Business Process: A set of logically related tasks performed to achieve a defined business outcome. A process is a structured, measured set of activities designed to produce a specified output (i.e., product) for a particular customer or market.

Confidential: Status accorded to data or information indicating that it is sensitive for some reason, and therefore it needs to be protected against theft, disclosure, or improper use, or both, and must be disseminated only to authorized individuals or organizations with a need to know.

Consent: General document that gives direct treatment health care providers permission to use and disclose protected health information for treatment, payment, or health care operations.

Covered Entity: A health plan, health care provider, or health care clearinghouse.

Covered Functions: Activities that an entity engages in that are directly related to operating as a health plan, provider, or clearinghouse. Covered functions are treatment, payment and health care operations.

Data Aggregation: The combining of protected health information to permit the creation of data for analyses that relate to the health care operations of the respective covered entities. Data aggregation is a service that gives rise to a business associate relationship if the performance of the service involves disclosure of protected health information by the covered entity to the business associate.

De-Identification: De-identified health information does not identify an individual. It is a way of using and disclosing health information that is unrestricted. To de-identify information there has to be statistical probability that an individual could not be identified by the data given. See Requirement 8.10.

Designated Record Set: A group of records maintained or used by or for a covered entity that is a) medical records and billing records about individuals, b) enrollment, payment, claims adjudication, and case or medical management records systems, or c) used, in whole or in part, to make decisions about individuals.

Disclosure: The release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information. The transfer of protected health information from a covered entity to a business associate is considered a disclosure. (NOTE: Disclosures are intentional, whereas access may or may not be intentional)

Electronic media: The mode of electronic transmission as defined in §162.103. It includes internet, intranet, leased lines, dial-up lines, private networks, and those transmissions that are physically moved from one location to another using magnetic tape, disk, or compact disk media.

Health Care: Care, services, or supplies related to the health of an individual. Includes, but is not limited to preventative, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of a body; and sale or dispensing of a drug, device, or equipment or other item according to a prescription.

Health Care Clearinghouse: A public or private entity, including a billing service, repricing company, community health management information system or community health information system, and "value-added" networks and switches, that does either of the following functions: a) Processes of facilitates the processing of health information received from another entity in a nonstandard formation or containing nonstandard data content into standard data elements or a standard transaction; or b) receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.

Health Care Component: Components of a covered entity that perform covered functions. Another component of the covered entity is part of the entity's health care component to the extent that 1.) it performs with respect to a component that performs covered functions, activities that would make such other component a business associate of the component that performs covered functions if the two components were separate legal entities; and 2.) the activities involving the use of PHI that the other component creates or receives from or on behalf of the component that performs covered functions.

Health Care Operations: Health Care Operations generally include a covered entity's daily activities as they relate to the provision of health care.

Health Care Provider: Health care providers are any person or organization that furnishes, bills, or is paid for medical or health related services or health care in the normal course of business.

Health Information: Any information, whether oral or recorded in any form or medium that: a) is created or received by a health care provider, health plan, or health care clearinghouse; and b) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): A Federal law that makes a number of changes that have the goal of allowing persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives DHHS the authority to 1.) mandate the use of standards for the electronic exchange of health care data; and 2.) specify the types of measures required to protect the security and privacy of personally identifiable health care information.

Health Oversight Agency: An agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.

Examples: State insurance commissions, state health professional licensure agencies, Office of Inspectors General of federal agencies, the Department of Justice, state Medicaid fraud control units, Defense Criminal Investigative Services, the Pension and Welfare Benefit Administration, the HHS Office for Civil Rights, and the FDA.

Health Plan: Health plans are an individual or group plan that provides or pays the cost of medical care.

HIPAA: The Health Insurance Portability and Accountability Act of 1996.

Individually Identifiable Health Information: Information that is a subset of health information, including demographic information collected from an individual, and that is created by or received by a health plan, health care provider, employer, or health care clearinghouse; and relates to past, present, or future physical or mental health or condition of an individual, provision of health care, or payment (past, present, future), and identifies the individual or information that can be used to identify the individual.

Individual Rights: Individuals have the right to request access and copies to their patient records, request that their records be amended, receive information on who accessed their records, appeal denials to requests, get information about the entities privacy practices, and request restrictions be added to use of their health information.

Minimum Necessary: When using or disclosing protected health information or when requesting protected health information from another covered entity, the minimum amount of information required to meet the disclosure request. A covered entity must make reasonable efforts to limit disclosure of protected health information to the minimum necessary to accomplish the intended purpose.

Payment: Payment applies to a broad range of activities, which include obtaining premiums, reimbursement, eligibility and coverage determinations, risk adjustment, billing and claims management coverage and utilization review activities, as well as disclosure to consumer reporting agencies of certain information.

PHI: Protected Health Information.

Privacy: An individual's right to control access and disclosure of their protected or individually identifiable healthcare information.

Privacy Notice: Notice of entity privacy practices and individual notice of the use of protected health information**.**

Protected Health Information (PHI): Individually identifiable health information transmitted by electronic media; maintained in any medium described in the definition of electronic media; or transmitted or maintained in any other form or medium (written/oral).

Psychotherapy Notes: Notes recorded by a mental health professional documenting or analyzing the contents of a conversation during a private, group, joint, or family counseling session.

Research: A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to general knowledge.

Treatment: Treatment includes the provision, coordination or management of health care and related services and extends to consultation between providers or the referral of a patient from one provider to another.

Use: With respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.